Case: 4:18-cv-00529-NCC Doc. #: 1 File	ed: 04/06/18 Page: 1 of 8 PageID #: 1
RECENTED APROFILED STATES DE EASTERN DISTRIC	FILED APR -6 2018
Mr. Bayon Gay H. 942 07	ISTRICT COURT U.S. DISTRICT COURT EASTERN DISTRICT OF MO ST. LOUIS OUT OUT OUT OUT OUT OUT OUT OU
(Enter above the full name of the Plaintiff in this action. Include prison registration number.)	3
City of Saint Louisz	4:18CV529 NCC Case No (To be assigned by Clerk)
DEPT. EXAL (SEE LITACHA)	In what capacity are you suing the defendants?
(Enter above the full name of ALL Defendant(s) in this action. Fed. R. Civ. P. 10(a) requires that the caption of the complaint include the names of all the parties. Merely listing one party and "et al." is insufficient. Please attach additional sheets if necessary.	Official Individual Both
PRISONER CIVIL RIGHTS COM	PLAINT UNDER 42 U.S.C. § 1983
I. PLACE OF PRESENT CONFINEMENT:	St. Louis Justice Center City Stiluis MO 6310
II. PREVIOUS CIVIL ACTIONS:	``
	actions in state or federal court dealing with the otherwise relating to your confinement?

NO [4]

YES []

Ш.

B.	If your answer to "A" is YES, describe the action(s) in the space below. If there is more than one action, you must describe the additional action(s) on a separate piece of paper, using the same format as below.			
	1.	Parties to previous civil action:		
		Plaintiff:		
		Defendant(s):		
	2.	Court where filed:		
	3.	Docket or case number:		
	4.	Name of Judge:		
	5.	Basic claim made:		
	6.	Present disposition (Is the case still pending? Is it closed? If closed, was it appealed?):		
GRIE	VANCE	E PROCEDURES:		
A.		ere a prisoner grievance procedure at the institution in which you are		
		YES [V NO []		
B.	Have compl	you presented this grievance system the facts which are at issue in this aint?		

NO []

YES

	C.	If your answer to "B" is YES, what steps did you take: Twent thru		
		the C.D.B Board, to file my complaint.		
		Cavilian Oversight Board Department of Public Safety		
	D.	If your answer to "B" is NO, explain why you have not used the grievance system:		
		NA		
IV.	PART	TO THIS ACTION:		
	A.	Plaintiff		
		1. Name of Plaintiff: Mr. Lavon Cay		
		1. Name of Plaintiff: Mr. Lavon Coy 2. Plaintiff's address: 200 S. Tucker Blvd. St. Lun 15 MO 63/02		
		3. Registration number: 94297		
	B.	Defendant(s)		
		1. Name of Defendant: City of Saint Lawis, ST LOWIS METROPOLITEAN POLICE DEPT.		
	,	2. Defendant's address: CON NOT OBTAIN		
	1	3. Defendant's employer and job title: <u>ST-LOUFS POLFCE DEPARTMENT</u>		
		4. Additional Defendant(s) and address(es): Lety of Saint Louis		
		Missour: and State		

V.

DUNSEL	
Do you have an attorney to represent you in this action?	
YES [] NO []	
If your answer to "A" is NO, have you made an effort to contact represent you in this matter?	et an attorney to
YES [] NO ['V]	
If your answer to "B" is YES, state the name(s) and address(es) of the contacted and the results of those efforts:	ne attorneys you
If your answer to "B" is NO, explain why you have not made such effort	
Do to no income also im inco	arcerated
Indigent	
<u> </u>	

VI. Statement of claim (State as briefly as possible the facts of your case. Describe how each defendant is involved. You must state exactly what each defendant personally did, or failed to do, which resulted in harm to you. Include also the names of other persons involved, dates, and places. Be as specific as possible. State your claims in numbered paragraphs. You may use additional paper if necessary):

avon Mandina 10/11/na

Me in the face and head they were looking out for the other assisting units to show up. Next, Curits Ford began kicking me while I was on the ground in hand cuffs, the kicked me in the face and head repeatedly. Finally, Andrew Brown who also took part in assaulting me by kicking me in the face and head. Once they all had brutaility violated me the other responding units arrived they dragged me to the Sergeant Joseph Hill DSN 6437/1614 who then had me conveyed to Barnes Hospital for treatment. The retaliation in this incident has caused me permanent physical and psychological trauma.

VII. RELIEF

State briefly and exactly what you want the Court to do for you. Do not make legal arguments. (Note: If you are a **state** prisoner and you seek from this Court relief that affects the length or duration of your imprisonment, your case **must** be filed on a § 2254 form.)

Order the defendants to have my face reconstructed. Also appropriate medical freatment and medications, Finally, award me punitive monitary damages for undue pain and suffering, desand physical and physical and physical frauma.

VIII. MONEY DAMAGES:

A) Do you claim either actual or punitive monetary damages for the acts alleged in this complaint?

YES NO □

B) If your answer to "A" is YES, state below the amount claimed and the reason or reasons you believe you are entitled to recover such money damages:

\$ 5,000,000,000 5 Million dollars for pain and suffering due to the delibrerate brutality and due process violation.

IX. Do you claim that the wrongs alleged in the complaint are continuing to occur at the present time?

YES [V] NO []

Signature of attorney or pro se Plaintiff

3-20-2018 Date